

EXHIBIT 6

UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

In re: PHARMACEUTICAL)
INDUSTRY AVERAGE WHOLESALE)
PRICE LITIGATION) MDL No. 1456
)
THIS DOCUMENT RELATES TO:) Civil Action No.
) 01-12257-PBS
)
US ex rel Ven-A-Care of)
the Florida Keys, Inc.)
v. Abbott Laboratories, Inc.)
No. 07-CV-11618-PBS)

VIDEOTAPED ORAL DEPOSITION OF THERESA "TIP" PARKER

February 19, 2009

DEPOSITION upon videotaped oral
examination, of the witness, THERESA "TIP" PARKER,
taken on behalf of Ven-A-Care of the Florida Keys,
Inc. in the above entitled cause pending in the
United States District Court, District of
Massachusetts, before TAMMY POZZI, Certified
Shorthand Reporter in and for the State of Texas, on
February 19, 2009, in the law offices of Jones Day,
77 West Wacker, 35th Floor, Chicago, Illinois,
between the hours of 9:08 a.m. and 2:29 p.m.,
pursuant to due notice and the Federal Rules of Civil
Procedure.

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<p>1 communicating to the pricing compendia like 2 FirstDataBank and Red Book over the years? 3 A. No. 4 Q. You know Kay Morgan ultimately went to work 5 for FirstDataBank, right? 6 A. That's correct. 7 Q. She was the manager of their editorial 8 services group re- -- which received all the pricing 9 for years and years, correct? 10 A. Correct. 11 Q. What do you think qualified her to take 12 that job? 13 MS. FUMERTON: Objection, form. 14 A. I don't know. 15 Q. (BY MR. ANDERSON): Did you have any 16 dealings with Kay when she worked for FirstDataBank? 17 A. Nothing more than just to be friendly. 18 Q. You would see her at the different trade 19 conferences you attended, correct? 20 A. That's correct. 21 Q. Did you see her in any other context? 22 A. No. 23 Q. Do you think one of the reasons you may 24 have received Lehn Exhibit 10, Ms. Parker, which was 25 notifying Red Book of an AB-rating on erythromycin,</p>	<p>1 that ultimately gets communicated to individual 2 pharmacies, particularly the retail pharmacies. 3 Q. In any of your communications over the 4 years, have you included AWP information? 5 A. In my early years at Abbott, we routinely 6 communicated WAC, list, and AWP as an estimated 7 number. 8 Q. Why were the AWPs included? 9 A. AWP is a cost field necessary to be 10 recorded in a customer's data system or dispensing 11 pharmacy system or in their purchasing system, and if 12 the field isn't filled, they frequently can't create 13 purchase orders or fill a prescription. 14 Q. Is it true that AWP is also a necessary 15 field for drug reimbursement claims? 16 A. Frequently. 17 Q. And -- and so, in short, if the pharmacies 18 don't have the AWPs, their pharmacy systems, their 19 computer systems, will be missing a key element of 20 information? 21 A. Correct. 22 Q. And, in turn, that can be a problem for 23 them when they that dispense drugs or file claims for 24 drugs? 25 MS. FUMERTON: Objection, form.</p>
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<p>1 is because pharmacy trade groups, like NACDS and 2 other pharmacy trade groups, were interested in 3 whether or not Erys were eligible for generic 4 substitution? 5 MS. FUMERTON: Objection, form. 6 A. I don't -- I don't believe so. Russ Lehn, 7 Kay Morgan and I, all three, reported to Larry 8 Carbon, and I think she was just copying staff. But 9 that, again, is -- I -- other than I was a part of 10 Larry Carbon's staff and so was she, I don't know 11 what the intent was. 12 Q. (BY MR. ANDERSON): Have you been involved 13 in the launch of products by Abbott? 14 A. Yes, I have. 15 Q. In what way? 16 A. I am generally -- not generally, I 17 routinely and on every new product launch am the 18 person who communicates the information to our 19 customers. 20 Q. What classes of customers do you routinely 21 communicate with on launches? 22 A. I communicate to the wholesalers, to the 23 direct purchasing or warehousing chains, to the 24 non-warehousing chains. And there's generally a 25 communication that's of a "Dear Pharmacist" nature</p>	<p>1 A. It's required to submit a claim, correct. 2 Q. (BY MR. ANDERSON): And if -- if AWPs 3 aren't provided by a drug company for a drug, then 4 the pharmacy may not be inclined to buy the drug, 5 because they're going to need the AWPs in their 6 pharmacy system, correct? 7 MS. FUMERTON: Objection, form. 8 A. AWPs are generally supplied by data 9 compendia agencies. 10 Q. (BY MR. ANDERSON): Right. That's one 11 avenue through which a pharmacy can get AWP? 12 A. That's correct. 13 Q. But historically, one of the reasons why 14 Abbott went to the trouble of sending the AWPs itself 15 to the pharmacies was because the pharmacies could 16 also use that as a source of information to input the 17 AWPs, correct? 18 MS. FUMERTON: Objection, form. 19 A. Only on an initial purchase. They got 20 overridden as soon as the data file was processed. 21 Q. (BY MR. ANDERSON): Right. And I 22 appreciate that point. You're saying on- -- at the 23 launch -- 24 A. Uh-huh. 25 Q. -- of the drug, you need the AWP because</p>

15 (Pages 54 to 57)

<p style="text-align: right;">Page 58</p> <p>1 the AWP might not have yet been disseminated out by</p> <p>2 FirstDataBank, correct?</p> <p>3 A. That's correct.</p> <p>4 Q. And then after a few weeks and the</p> <p>5 information is a- -- actually disseminated by, for</p> <p>6 instance, FirstDataBank to a pharmacy, it overrides</p> <p>7 what the pharmacy had input, correct?</p> <p>8 A. That's correct.</p> <p>9 Q. Is it your experience that those AWP that</p> <p>10 Abbott published to the pharmacies don't need to be</p> <p>11 overridden by the AWP published by FirstDataBank</p> <p>12 because they're the exact same number?</p> <p>13 A. I don't --</p> <p>14 MS. FUMERTON: Objection, form.</p> <p>15 A. -- know.</p> <p>16 Q. (BY MR. ANDERSON): Do you have any</p> <p>17 information that the AWP that are published by</p> <p>18 FirstDataBank or Red Book are any different on a</p> <p>19 given Abbott drug than the drugs -- I mean than the</p> <p>20 AWP that Abbott itself published for those drugs?</p> <p>21 MR. ANDERSON: Objection, form.</p> <p>22 A. Abbott always, like I said, included an</p> <p>23 estimate.</p> <p>24 Q. (BY MR. ANDERSON): Uh-huh.</p> <p>25 A. What they actually were from the data</p>	<p style="text-align: right;">Page 60</p> <p>1 Q. You see in the first page there's a</p> <p>2 subsection titled Elements of a New Launch, and some</p> <p>3 of those bulletpoints include, for instance, pricing,</p> <p>4 dash, WAC, list, and estimated AWP, correct?</p> <p>5 A. That's correct.</p> <p>6 Q. And that's consistent with your testimony a</p> <p>7 moment ago that historically Abbott did include</p> <p>8 estimated AWP in its launch materials?</p> <p>9 A. At launch, correct, at this -- whatever</p> <p>10 time period this was.</p> <p>11 Q. Then looking at -- the next bulletpoint</p> <p>12 reads, "Copy of 'Dear Pharmacist' letter," correct?</p> <p>13 A. That's correct.</p> <p>14 Q. Are those the pharmacist letters that you</p> <p>15 would sign?</p> <p>16 A. That's correct.</p> <p>17 Q. Then continuing down a couple of bullets</p> <p>18 more, there's a -- one that reads, quote,</p> <p>19 "Notification to state Medicaid --</p> <p>20 A. Uh-huh.</p> <p>21 Q. -- (see Kay Morgan)". Do you see that?</p> <p>22 A. That's correct.</p> <p>23 Q. When did Kay leave Abbott?</p> <p>24 A. I don't recall the exact year. I don't</p> <p>25 know.</p>
<p style="text-align: right;">Page 59</p> <p>1 agency -- I'm not aware of what that number actually</p> <p>2 was.</p> <p>3 Q. (BY MR. ANDERSON): Okay. So focussing on</p> <p>4 my question, do you have any information that</p> <p>5 Abbott's estimated AWP was ever different than the</p> <p>6 AWP published by Red Book or FirstDataBank?</p> <p>7 MS. FUMERTON: Objection, form.</p> <p>8 A. I don't know if it was different. I don't</p> <p>9 know if it was the same.</p> <p>10 THE VIDEOGRAPHER: Five minutes.</p> <p>11 (Exhibit 2 marked.)</p> <p>12 Q. (BY MR. ANDERSON): Take a look, if you</p> <p>13 could, at what's been marked as Parker Exhibit 2.</p> <p>14 A. (Reviews document.)</p> <p>15 Q. Are you familiar with this type of</p> <p>16 document?</p> <p>17 A. Yes, I am.</p> <p>18 Q. It's titled a NAM Mission Statement for a</p> <p>19 New Product Launch, correct?</p> <p>20 A. That's correct.</p> <p>21 Q. Can you approximate what years this type of</p> <p>22 document would have been in effect for the launch of</p> <p>23 a product?</p> <p>24 A. There's no date. It was prior to 2001,</p> <p>25 only because it says "NAM" and not "NTE".</p>	<p style="text-align: right;">Page 61</p> <p>1 Q. It was -- it was early '90s, mid '90s,</p> <p>2 right?</p> <p>3 A. I don't know the year.</p> <p>4 Q. It certainly wasn't the late '90s, correct?</p> <p>5 A. No.</p> <p>6 Q. Okay. Did -- does that refresh your memory</p> <p>7 that Kay Morgan was responsible for sending</p> <p>8 information to state Medicaid programs?</p> <p>9 A. I don't know what that actually refers to.</p> <p>10 Q. Do you have any idea about why Abbott would</p> <p>11 send notification to state Medicaid of product</p> <p>12 launches?</p> <p>13 A. States are notified so that a new product</p> <p>14 is included with their either formularies or their --</p> <p>15 whatever processing they do.</p> <p>16 Q. So the drug is eligible for reimbursement</p> <p>17 by the Medicaid?</p> <p>18 A. I would think that would be one of the</p> <p>19 functions.</p> <p>20 Q. And is it true that one of the reasons why</p> <p>21 Abbott would want its drugs eligible for</p> <p>22 reimbursement by Medicaid agencies is so pharmacies</p> <p>23 would be more inclined to dispense Abbott's drug?</p> <p>24 MS. FUMERTON: Objection, form.</p> <p>25 A. Abbott would want it so that it could be</p>

16 (Pages 58 to 61)

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1 Q. To your knowledge?
 2 A. It's on this form. I don't know if it's on
 3 the form today or not.
 4 Q. Do you have any reason to believe it's not?
 5 A. Hmm. I don't know whether it is or not.
 6 Q. You've been responsible for completing
 7 these types of forms in the past, correct?
 8 A. That's correct.
 9 Q. When you have completed these forms in the
 10 past, have you included pricing information in
 11 response to the field titled Manufacturers AWP?
 12 A. For a period of time when we were
 13 estimating an AWP, it was probably -- like I said,
 14 I -- I don't have one in front of me, but it would
 15 have been filled in and so noted as estimated.
 16 Q. Uh-huh. Much like the stocking sheet?
 17 A. Correct.
 18 Q. The -- the audience for these NWDA forms
 19 would be all wholesalers, correct?
 20 A. That's -- that's the primary audience,
 21 correct.
 22 Q. Is there any other audience?
 23 A. I think the warehousing chain, the buying
 24 industry, has become familiar with the document and
 25 expect to see such a document. They just are part of

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1 a standard package.
 2 Q. Okay. So the NWDA forms would be in the
 3 standard package of information that Abbott would
 4 convey to wholesalers, but they also would ironically
 5 be in the packages going to the chain warehouses?
 6 A. Correct.
 7 Q. At one of the trade group meetings maybe
 8 you need to tell NACDS they've got to create their
 9 own forms.
 10 A. Probably would look better to have their
 11 own name on the form.
 12 Q. I'm half kidding, of course.
 13 So why did wholesalers and chain drug
 14 stores desire the AWP?
 15 MS. FUMERTON: Objection, form.
 16 A. It's a standard cost field in both
 17 purchasing and dispensing systems.
 18 Q. (BY MR. ANDERSON): What costs of drugs
 19 does AWP represent?
 20 A. It's the average wholesale price.
 21 Q. I know, but you're saying it's a coast
 22 field. What is it -- what cost does it represent?
 23 A. It represents a calculated price by the
 24 wholesalers, as we spoke earlier, that is some --
 25 either 16-and-two-thirds or 30 percent greater than

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1 WAC.
 2 Q. And does it represent the pharmacy's cost?
 3 A. It represents a cost basis that can be
 4 applied to the pharmacy buying in their buying
 5 formula --
 6 Q. And --
 7 A. -- and a buying formula is either a
 8 cost-plus or a list-less or AWP-minus formula.
 9 Q. And that goes back to your testimony
 10 earlier this morning about how pharmacies could
 11 purchase at, like, AWP minus 12 percent or 14
 12 percent?
 13 A. That's correct.
 14 Q. Currently when you complete HDMA forms,
 15 previously known as NWDA forms, do you include
 16 estimated AWP's?
 17 A. Repeat your question?
 18 Q. Currently when you complete the forms, do
 19 you include estimated AWP's?
 20 A. No.
 21 Q. What do you do now?
 22 A. Supply the WAC only.
 23 Q. In what field?
 24 A. In the field that says "Regular Cost".
 25 Q. I see. Over on the lower portion,

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1 left-hand side?
 2 A. That's correct.
 3 Q. Do you include any other pricing
 4 information?
 5 A. No.
 6 Q. Do you include any other information such
 7 as a reference to FirstDataBank or Red Book?
 8 A. Not that I recall.
 9 Q. Do the stocking sheets currently include
 10 references to Red Book or FirstDataBank?
 11 MS. FUMERTON: Objection, form.
 12 A. Stocking sheets define what list and WAC is
 13 to Abbott.
 14 Q. (BY MR. ANDERSON): I -- I'm aware of
 15 that. And, then, in turn, is there also an asterisk
 16 or some reference that AWP can be located at
 17 FirstDataBank or Red Book?
 18 A. That's correct.
 19 Q. Why does Abbott include that information in
 20 the stocking sheets?
 21 A. That information is because there is a -- a
 22 reference on our stocking sheets to both WAC and
 23 list, and in some manufacturers, list can be mis- --
 24 or not misinterpreted, but misrepresented to mean
 25 AWP.

19 (Pages 70 to 73)

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<p>1 And so to clarify exactly that list 2 means what it does and WAC means what it does and 3 what it does not mean, there is a reference there as 4 to where they can find AWP. 5 An Abbott list does not refer to -- in 6 any way to AWP. List price for another 7 pharmaceutical, if you use that terminology, could 8 clearly be leading you to AWP. It's a term that gets 9 misrepresented. 10 Q. By who? 11 A. It's just the way -- you know, other 12 manufacturers' pricing lists use the language of list 13 interchangeably with AWP. 14 Q. And you're saying -- I think I followed 15 you, but I'm not sure, so correct me if I'm wrong. 16 You're saying that the classification of AWP as a 17 list price can be misrepresented? 18 MS. FUMERTON: Objection, form. 19 A. The classi- -- the cat- -- list -- if list 20 alone is indicated -- 21 Q. (BY MR. ANDERSON): Uh-huh. 22 A. -- without further definition, it can be 23 misinterpreted to mean AWP, because some 24 manufacturers use the language of "list price" 25 interchangeably with AWP.</p>	<p>1 A. For an Abbott product -- 2 Q. (BY MR. ANDERSON): Right. 3 A. -- in an Abbott catalog. 4 Q. Right. 5 A. Correct. 6 Q. For instance, Abbott does not represent 7 that its AWP is a list price, correct? 8 A. That's correct. 9 Q. And Abbott does not represent that its WAC 10 is a list price? 11 A. That's correct. 12 Q. Does Abbott have any lower case "L" "List 13 prices" other than the capital "L" "List price"? 14 MS. FUMERTON: Objection, form. 15 A. I don't know. 16 Q. (BY MR. ANDERSON): You're not aware of 17 any? 18 A. I don't know. 19 MS. FUMERTON: You're asking a capital 20 "L" versus a lower "L"? 21 MR. ANDERSON: Well, sure. I mean -- 22 you know. You've seen the documents where they've 23 got a "List price" with a capital "L". 24 MS. FUMERTON: Have you seen -- I 25 guess I'm trying to see where you're -- you're</p>
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<p>1 Abbott has list price and WAC prices 2 that are not AWP. And so to clarify exactly what 3 list and WAC are and are not, the language as to what 4 they are, and if you're looking for AWP where to get 5 it, is specifically included on a document -- 6 Q. Okay. 7 A. -- so that it's not misconstrued to 8 represent something that it's not. 9 Q. I -- I understand. Some drug companies 10 represent that their AWP is a list price; is that 11 right? 12 A. That's correct. 13 Q. But Abbott does not? 14 A. That's correct. 15 Q. As far as you're concerned, the only price 16 that Abbott represents to be a list price is the, 17 quote, capital "L" "List price," correct? 18 MS. FUMERTON: Objection, form. 19 A. List price is a price five percent higher 20 than WAC, and those are the only two prices that 21 Abbott sets. 22 Q. (BY MR. ANDERSON): Right. And as far as 23 you're concerned, the capital "L" "List price" is the 24 only list price? 25 MS. FUMERTON: Objection, form.</p>	<p>1 putting a dis- -- 2 MR. ANDERSON: For instance -- 3 MS. FUMERTON: -- you're putting a 4 distinction versus -- 5 MR. ANDERSON: Yeah. Look at -- 6 MS. FUMERTON: I mean, just because a 7 certain document has a capital "L" in a situation 8 doesn't necessarily mean it's always represented by 9 Abbott with a capital "L". 10 MR. ANDERSON: Okay. Well, I mean -- 11 MS. FUMERTON: I mean, that's an issue 12 that you hadn't clarified with the witness. 13 MR. ANDERSON: Well, I don't know 14 about that. I was being very careful about how I was 15 phrasing the question. 16 A. I don't know -- 17 Q. (BY MR. ANDERSON): Okay. 18 A. -- if there is a difference or if there is 19 a -- anything with a lower case "L". 20 Q. Thank you. Have you been aware while 21 you've been at Abbott, Ms. Parker, over the years, 22 that having prices listed in FirstDataBank's pricing 23 system enables drugs to be reimbursed? 24 A. Yes. 25 Q. And that's one of the reasons why Abbott</p>

20 (Pages 74 to 77)

<p style="text-align: right;">Page 94</p> <p>1 A. I mean, they were a warehousing chain, 2 important customer, that operated thousands of stores 3 in the United States, an important customer to 4 Abbott. 5 Q. What about Wal-Mart? 6 A. Another important chain warehousing 7 customer. 8 Q. Over the years did you become aware that 9 those customers were interested in reimbursement 10 spreads? 11 MS. FUMERTON: Objection, form. 12 A. Customers are interested in their 13 profitability. 14 Q. (BY MR. ANDERSON): And did you understand 15 that their customer profitability was driven in part 16 through the differences between the amounts they were 17 reimbursed when they dispensed drugs and the amounts 18 they paid to acquire the drugs? 19 MS. FUMERTON: Objection, form. 20 A. That's how we figure profitability. 21 Q. (BY MR. ANDERSON): And have you also, over 22 the years, heard that difference referred to as 23 "spreads"? 24 A. I've heard the terminology. 25 Q. In what context normally?</p>	<p style="text-align: right;">Page 96</p> <p>1 MR. ANDERSON: Okay. Sure. 2 Q. (BY MR. ANDERSON): Where I left off, 3 Ms. Parker, I think that you had testified that you 4 were aware of reimbursement spreads, correct? 5 A. That's correct. 6 Q. Okay. And you said it did come up from 7 time to time, correct? 8 MS. FUMERTON: Objection, form. 9 A. I didn't say that. 10 Q. (BY MR. ANDERSON): How did you -- I asked 11 you how you became aware of that. How did you become 12 aware of those? 13 A. Reimbursement is the difference between AWP 14 and cost. 15 Q. Right. But how did -- how did you come to 16 that awareness? 17 A. I'm a pharmacist. 18 Q. Okay. Let me focus, then, on your time at 19 Abbott. When -- when you were at Abbott, were there 20 ever occasions when pharmacy profit or pharmacy 21 reimbursement was discussed? 22 A. Customer profitability is at issue in a 23 market today, or my entire time there, particularly 24 as reimbursement, meaning somebody else that's 25 paying, has grown to be more than 90 percent of the</p>
<p style="text-align: right;">Page 95</p> <p>1 MS. FUMERTON: Objection, form. 2 A. With -- with profit analysis. I mean, when 3 you're talking profitability, that word gets used. 4 Q. (BY MR. ANDERSON): I know, I -- and I -- I 5 appreciate that. Have you been part of those types 6 of discussions about profitability and spreads with 7 customers such as chain drug stores? 8 A. No. 9 Q. Whe- -- when have you been involved in 10 those types of discussions? 11 MS. FUMERTON: Objection -- 12 Q. (BY MR. ANDERSON): Not the precise date, 13 but the normal context? 14 A. Not -- 15 MS. FUMERTON: Objection, form. 16 A. Not involved with those kind of 17 conversations with customers. 18 MR. ANDERSON: Hello? 19 MR. LYNN: Michael? 20 MR. ANDERSON: No, this is Jarrett. 21 MR. LYNN: Hey, Jarrett. Paul Lynn. 22 MR. ANDERSON: Okay. Hey, Paul. 23 We're going to keep going, and then you can make your 24 appearance at the break, okay? 25 MR. LYNN: Sounds good. Thank you.</p>	<p style="text-align: right;">Page 97</p> <p>1 business today is paid for by somebody other than the 2 purchaser. 3 Q. Right. And you're harkening back to when 4 you started in Pharmacy. Most patients paid cash out 5 of their pocket for the drugs, and now, most -- 6 A. Correct. 7 Q. -- people are on some type of insurance 8 plan or public health plan such as Medicaid, correct? 9 A. That's correct. 10 Q. Okay. Now back to my original question. 11 Is there some way to generalize the normal situations 12 where you would be involved in discussions about 13 pharmacy profitability? 14 MS. FUMERTON: Objection, form. Asked 15 and answered too. 16 A. I -- I don't -- I don't have any 17 specific -- it's -- I mean, it's -- I'm aware. I 18 know it. I mean, you said a cost -- a customer 19 acquisition price. It's -- it's known what they're 20 going to get reimbursed, but it's not a -- it's not a 21 discussion point or not a -- a topic that's -- that's 22 dwelled on. 23 Q. (BY MR. ANDERSON): Have you ever heard AWP 24 spread referred to as a potential talking point with 25 customers?</p>

25 (Pages 94 to 97)

<p style="text-align: right;">Page 98</p> <p>1 A. No.</p> <p>2 Q. Would that type of activity be condoned by</p> <p>3 Abbott?</p> <p>4 A. No, it would not.</p> <p>5 Q. Why not?</p> <p>6 A. It's not our business how they profit. We</p> <p>7 have to sell our product based on the merits of our</p> <p>8 product, which have to do with its clinical</p> <p>9 effectiveness, its availability, its, you know,</p> <p>10 reliability, and that's the methods that we use to</p> <p>11 sell our products.</p> <p>12 Q. Take a look at what was marked yesterday as</p> <p>13 Fiske Exhibit 18.</p> <p>14 A. (Reviews document.) Okay.</p> <p>15 Q. Does this document appear to be titled</p> <p>16 "Potential Issues and Talking Points"?</p> <p>17 A. That's what's the topmost line of the</p> <p>18 document.</p> <p>19 Q. And then one of the talking points on the</p> <p>20 second page is titled "AWP Spread," correct?</p> <p>21 A. That's correct.</p> <p>22 Q. And then the first bullet in that section</p> <p>23 reads, "Chains want more spread between AWP and</p> <p>24 actual cost to offset MCO reimbursement contracts,"</p> <p>25 correct?</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. (BY MR. ANDERSON): Sure.</p> <p>2 A. -- rather than less.</p> <p>3 Q. Sure. And -- and that's what this bullet</p> <p>4 point is talking about, correct?</p> <p>5 MS. FUMERTON: Objection, form.</p> <p>6 A. The bulletpoint reads -- I can only tell</p> <p>7 you what it reads.</p> <p>8 Q. (BY MR. ANDERSON): And it reads "chains</p> <p>9 want more spread"?</p> <p>10 MS. FUMERTON: Well --</p> <p>11 A. That's what it --</p> <p>12 MS. FUMERTON: -- to be -- to be</p> <p>13 accurate, it reads, "Chains want more spread between</p> <p>14 AWP and actual cost to offset MCO reimbursement</p> <p>15 contracts".</p> <p>16 Q. (BY MR. ANDERSON): That's right. And</p> <p>17 that's consistent with your understanding when you've</p> <p>18 been dealing with chains over the years at Abbott,</p> <p>19 correct?</p> <p>20 MS. FUMERTON: Objection, form.</p> <p>21 A. That has not ever been brought to my</p> <p>22 attention from a customer.</p> <p>23 Q. (BY MR. ANDERSON): It hasn't?</p> <p>24 A. No.</p> <p>25 Q. How did you become aware of it then?</p>
<p style="text-align: right;">Page 99</p> <p>1 A. That's what it reads.</p> <p>2 Q. Is that desire by chain drug stores</p> <p>3 consistent with your understanding?</p> <p>4 MS. FUMERTON: Objection, form.</p> <p>5 A. I don't know what chains desire.</p> <p>6 Q. (BY MR. ANDERSON): In all your dealings</p> <p>7 with chain drug stores all these many years and, in</p> <p>8 fact, your role as a purchaser at a chain, and all of</p> <p>9 your involvement at the annual meetings, you've never</p> <p>10 become aware that chain drug stores are interested in</p> <p>11 making more profits?</p> <p>12 MS. FUMERTON: Objection, form.</p> <p>13 A. I said at the beginning that profit was a</p> <p>14 number-one goal, absolutely.</p> <p>15 Q. (BY MR. ANDERSON): Okay. And,</p> <p>16 accordingly, you've become familiar that chains</p> <p>17 desire more spread, right?</p> <p>18 MS. FUMERTON: Objection, form.</p> <p>19 A. I -- I don't know what "more spread" means.</p> <p>20 Q. (BY MR. ANDERSON): Well, more rather than</p> <p>21 less. They would like to make more money rather than</p> <p>22 less money?</p> <p>23 A. We all would --</p> <p>24 MS. FUMERTON: Objection, form.</p> <p>25 A. We all would like to make more money --</p>	<p style="text-align: right;">Page 101</p> <p>1 MS. FUMERTON: Objection, form. She</p> <p>2 didn't -- lack of foundation.</p> <p>3 Q. (BY MR. ANDERSON): How did you become</p> <p>4 aware that pharmacies would like to make more</p> <p>5 profits?</p> <p>6 A. I'll repeat. I am a pharmacist and have</p> <p>7 practiced in both a chain setting and a wholesale</p> <p>8 setting prior to coming to Abbott. I know that</p> <p>9 pharmacy is a large percentage of a chain's business,</p> <p>10 and from the wholesale side, clearly pharmacies and</p> <p>11 independent pharmacies' profitability is a concern to</p> <p>12 their customer base.</p> <p>13 So how do I become aware? I read.</p> <p>14 I'm a fairly smart person. I understand the business</p> <p>15 process.</p> <p>16 Q. I appreciate that. And -- and I -- I agree</p> <p>17 with you that not only is it common sense that chain</p> <p>18 drug stores would want to make more money, but there</p> <p>19 can be mechanisms that you can gain that information.</p> <p>20 You mentioned you read. What -- what</p> <p>21 materials do you read that provides you with</p> <p>22 information concerning chains' interest in</p> <p>23 profitability?</p> <p>24 MS. FUMERTON: Objection, form.</p> <p>25 A. Journals frequently address a customer's</p>

26 (Pages 98 to 101)